



Toll Free # 1-800-771-1204

<http://www.doh.wa.gov/hsqa/fsl>

TRANSIENT ACCOMMODATION LICENSE APPLICATION

Mail to: Department of Health
Revenue Section
PO Box 1099
Olympia, WA 98507-1099

Facility Name: _____
(as advertised on signs, letterhead, business name, website, etc.)

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Return the following to the
above address:

- ☐ Signed Application/UBI
(this two-sided form)
- ☐ Copy of Master Business
License
- ☐ Signed Self-Inspection form
(4 pages)
- ☐ Applicable licensing fee
(see licensee fee table below)

Contact Person (the person responsible for the day-to-day operation):

Name: _____ Title: _____

Telephone: _____ Fax: _____

License fee is based on the
number of lodging units:
3 to 10 - \$164.10
11 to 49 - \$326.30
50 units or over - \$657.00
(payable in US funds)

Check appropriate box:

- ☐ Hotel ☐ Motel ☐ Bed & Breakfast ☐ Inn ☐ Condo ☐ Hostel ☐ Resort ☐ Retreat
☐ Rustic Resort

Total Number of Lodging Units: _____

Is your facility open year around? ☐ Yes ☐ No If no, dates open _____

Indicate type of sewage disposal system: ☐ On-site Septic ☐ Municipal Sewer

***It is a violation of Washington
State Law to operate without a
current license.***

Licenses are not transferable.

Date opened (new facility): _____

Date of sale closed/transferred (transfer of ownership/operator/licensee): _____

**Please complete and sign the
reverse side.**



DOH Form 505-022 (REV 11/06)

Revenue Use Only

Facility Name _____

1F 0597634200 02049

Please fill in your master business license number also known as Uniform Business Identifier Number (UBI#) in the spaces below. Your number looks similar to this **600, 601, or 602-000-000**. If you DO NOT have a master business license number, please contact the Washington State Department of Licensing at (360) 664-1400.

WASHINGTON UBI# _____ - _____ - _____

Please enclose a copy of your current Master Business License that reflects the above UBI#.

BUSINESS STRUCTURE (check one of the following):

☐ Sole Proprietor

Print Name

Print Name

☐ Partnership ☐ Limited Partnership ☐ Limited Liability Partnership ☐ Corporation ☐ Limited Liability Corporation

Partnership, LLP, LLC, Corporation Name

List of Controlling Officers, Partners, Members, Managers and Title: (Attach additional pages if needed)

Print Name

Title

Print Name

Title

Print Name

Title

Print Name

Title

This application without a signature will be returned.

I certify that I have received, read, understand, and agree to comply with chapter 70.62 RCW and chapter 246-360 WAC regulating this licensing category. I also certify that the information herein submitted is true to the best of my knowledge and belief.

Signature of Authorized Representative

Print Name/Title

Date

REQUIRED FOR LICENSURE

TRANSIENT ACCOMMODATION SELF-INSPECTION FORM

Facility Name _____

Physical Address _____

Phone _____ Fax _____

INSTRUCTIONS:

1. If a question does not apply to your facility, put a check in the "NA" (Not Applicable) Column.
 2. If the answer is "Yes," put a check in the "Y" (Yes) column.
 3. If the answer is "No," put a check in the "N" (No) column, AND:
 - Describe how you will correct the problem using the space in the next column; AND
 - Write the date by which you will complete the correction in the last column.
 4. Attach additional pages, if necessary, to explain corrections and/or make comments.
 5. SIGN and DATE this form after completing the self-inspection, and return it in the enclosed envelope.
- If you have any questions, please call 1-800-771-1204.

Items of Inspection	Y	N	NA	How will you correct?	By what date?
WAC 246-360-020 (LICENSE)					
1. Do you have local approval for new construction?					
WAC 246-360-030 (RESPONSIBILITIES AND RIGHTS - LICENSEE)					
2. Is your license posted where the public can view it?					
3. Have you adequately supervised employees to ensure the TA is clean, safe, sanitary, and in good repair?					
4. Have you established policies and procedures requiring employees to maintain good personal hygiene?					
5. Do you have a written basic emergency preparedness plan?					
WAC 246-360-040 (WATER SUPPLY AND TEMPERATURE CONTROL)					
6. Are you on an approved water system? If not, please explain.					
7. Is the water supply free of cross connections? (Submerged inlets on ice machine drain pipes, water faucets, hose attachments, toilet tank filler, etc.)					
8. Is the hot and cold water under adequate pressure?					
9. Is the hot water at sinks/bathing fixtures 100-120° F?					
10. Have you labeled any water unsafe for domestic use "Do Not Drink" at the outlet?					
WAC 246-360-050 (SEWAGE AND LIQUID WASTE DISPOSAL)					
11. Are you on an approved sewer system? If not, please explain.					
12. Is the property free of surface wastewater?					
WAC 246-360-070 (REFUSE AND VECTORS)					
13. Is a washable leak-proof trash container provided in each unit?					
14. Is the area around your facility maintained in a clean and sanitary manner?					
15. Is the trash removed from each unit after each occupancy and handled in a clean, safe and sanitary manner?					
16. Is the trash removed at least every three days?					
17. Is the outside trash stored in a washable, leak proof, and closed covered containers?					
18. Are the buildings free from insects, rodents, and pests?					

Items of Inspection	Y	N	NA	How will you correct?	By what date?
WAC 246-360-080 (CONSTRUCTION AND MAINTENANCE)					
19. Are the buildings structurally sound?					
a. Are the buildings and fixtures in good repair?					
b. Are all the areas kept clean?					
c. Are the wall, floor and ceiling surfaces easily cleanable?					
d. Are the carpets and floors, especially under beds, cleaned/vacuumed between guests?					
e. Are the phone receivers cleaned between guests?					
f. Are the bath fixtures and the floors in bathrooms sanitized between guests?					
g. Are the bathing facilities caulked and free of mold and mildew?					
h. Are the bathroom/toilet room vents cleaned?					
WAC 246-360-090 (LODGING UNITS)					
20. Do the occupants exceed the number of beds present based on their intended maximum usage?					
21. Is there an adequate clear path of egress from each bed in case of a fire?					
22. Is there a phone capable of allowing immediate communication to the police, fire department, etc?					
WAC 246-360-100 (BATHROOMS, WATER CLOSETS, AND HANDWASHING SINKS)					
23. Is there at least one bathing facility, water closet, and sink for every 15 guests in facilities with common-use bathrooms?					
24. Is there means for privacy in water closets and for bathing in common-use facilities? Is guest privacy provided for in toilet or bathrooms?					
25. Are single use towels or drying devices provided by common-use sinks?					
26. Are the fixtures and drains safe and working properly, and are sink drain stems cleaned frequently?					
27. Are slip-resistant surfaces or devices provided for in bathtubs and showers?					
28. Is there a place to wash hands in, or adjacent to, each water closets?					
29. Is toilet tissue provided by each toilet?					
30. Is there soap by handwashing and bath fixtures?					
31. Are clean towels, washcloths, and floor mats provided upon guest arrival, and changed at least once a week or provided upon request for continuing guests?					
32. Is the clean linen stored off the floor?					
WAC 246-360-110 (LODGING UNIT KITCHENS)					
33. Do the kitchens/food preparation areas have:					
a. Cleanable floors and walls in good repair?					
b. The kitchen ventilated?					
c. A sink other than the handwashing sink large enough to handle the largest utensil in the lodging unit?					
d. A sink with hot and cold water?					
e. Cleanable food storage and preparation areas?					
f. Leak proof waste food containers in sanitary condition or a container with a disposable leak-proof liner?					
34. Do the refrigerator(s):					
a. Maintain temperature(s) at 45° or lower?					
b. Get cleaned and sanitized between guests?					

Items of Inspection	Y	N	NA	How will you correct?	By what date?
c. Stay in good repair and in sanitary condition?					
35. Is the cooking equipment permanently installed, and does it meet nationally recognized testing?					
36. Has the cooking equipment been installed according to local building codes?					
37. Are the table, counter, and chairs cleanable and in good repair?					
38. Are the food preparation areas and refrigerators cleaned and sanitized between guests?					
39. Between the guests, are utensils, dishes, and glasses washed, rinsed and sanitized by hand or dishwasher?					
WAC 246-360-120 (HEATING AND COOLING)					
40. Is there a safe means of heating the units to at least 65°F?					
41. If provided, is the heating and cooling system safe, and are vents and filters cleaned regularly?					
WAC 246-360-130 (LIGHTING) & 140 (VENTILATION)					
42. Is there adequate light for safety & maintenance?					
43. Is there sufficient emergency lighting for guests to exit safely in event of a power outage?					
44. Is there required ventilation (natural or mechanical) in each unit, kitchen, bath, toilet room, and laundry?					
WAC 246-360-150 (BEDS AND BEDDING)					
45. Are the beds, mattresses, pads, pillows, mattress pads, bedding, and linens clean, sanitary, and in good repair?					
46. Is the bedding changed between guest occupancies and at least weekly or when requested for continuing guests?					
47. Are the blankets, spreads, etc. kept off the floor while beds are changed?					
48. Do the sleeping units have beds, mattresses, mattress pads, bedding, etc. that are clean and safe?					
WAC 246-360-160 (FOOD AND BEVERAGE SERVICES)					
49. Is the food stored off the floor and away from toxic material?					
50. Are the single use ice buckets, plastic glasses, etc., disposed of and replaced between occupancies?					
51. Are the multiple-use ice buckets washed, rinsed and sanitized between guest occupancies?					
52. Are the multiple-use utensils washed, rinsed, sanitized and stored in a safe and sanitary manner?					
53. Are the reusable cooking utensils and ice buckets in good conditions?					
54. Are the ice machines:					
a. Cleaned on the outside, including coils?					
b. Cleaned and sanitized on the inside at least twice a year?					
c. Self dispensing, with no common bins accessible to guests?					
55. Are the drinking fountains kept clean with adequate water pressure?					
56. Do the drinking fountains have adequate pressure?					
57. Does the staff who prepare or serve food have current food service worker permits?					
58. Is the current food service permit posted?					
WAC 246-360-180 (LAUNDRY)					
59. Is the laundry done on site or by a commercial laundry service?					
60. Is the clean laundry in a designated area, off the floor, and protected from contamination?					

Items of Inspection	Y	N	NA	How will you correct?	By what date?
61. Is the soiled laundry kept separate from clean laundry during storage and transport?					
62. Is a hand washing facility readily accessible to employees?					
WAC 246-360-200 (SAFETY, CHEMICAL AND PHYSICAL HAZARDS)					
63. Do you have policies and procedures for safely storing, labeling, and using any hazardous chemical agents?					
64. Are the containers with chemicals labeled with exact contents?					
65. Are the chemicals stored and used correctly?					
66. Is a secure handrail present where needed?					
67. Are the gas or oil space and water heaters vented outdoors?					
68. Are the pressure relief valve(s) on hot water tank(s) pointed toward wall(s) and/or the floor?					
69. Is the facility free of physical hazards such as uneven surfaces, damaged equipment or furnishings?					
70. Is there adequate exterior lighting?					
71. Are the doors provided with suitable locking security devices?					
72. Have there been unusual circumstances in any TA units during the past year; for example methamphetamine labs, fire, or floods?.					
73. Have the units contaminated by methamphetamine been reported to the local health officer and cleaned by contractors approved by the Department of Health?					
WAC 246-360-220 (FIRE SAFETY)					
74. Is there a written plan for maintaining smoke detectors and fire extinguishers?					
75. Is there a written plan for maintaining fire alarm system and automatic fire suppression system?					
76. Is the fire alarm system regularly inspected, tested, and maintained?					
77. Are the records for the fire alarm system inspection on site for review?					
78. Is the automatic fire suppression system regularly inspected, tested, and maintained?					
79. Are the records for the fire suppression system inspection, testing, and maintenance on site for review?					
80. Fire Requirements:					
a. Is there an operable smoke detector in each sleeping room and are detectors tested monthly?					
b. Are the fire extinguishers inspected monthly?					
c. Is there a clear path to fire exits?					
d. Is there a current certification of fire alarm system(s) on site?					
e. Is there a current certification of fire sprinkler system(s) on site?					
81. Are the buildings inspected annually by local fire department?					
82. Is a copy of the local fire jurisdiction inspection on site for review?					
83. Have all the extension cords been approved by the local fire authority?					
84. Have all the portable space heaters been approved by the local fire authority?					

I certify that the above information is true and correct to the best of my knowledge.

Signature of Licensee or designee

Print Name

Date

GUIDELINES FOR TRANSFER OF OWNERSHIP

or

CHANGE IN THE UNIFORM BUSINESS IDENTIFIER NUMBER

Please keep this information for future reference.

WAC 246-360-020 LICENSURE.

(7) At least fifteen days prior to transfer of ownership or change in the Uniform Business Identifier number of a transient accommodation the current licensee must submit to the department:

- (a) The full name and address of **the current licensee** and prospective licensee;
- (b) The name and address of the currently licensed transient accommodation, and the name under which the transferred transient accommodation will operate;
- (c) The date of the proposed change; and
- (d) Other information required by the department.

(8) At least fifteen days prior to transfer of ownership or change in the Uniform Business Identifier number of a transient accommodation the prospective new licensee must apply for licensure by submitting to the department:

- (a) A completed application on a form provided by the department;
- (b) A completed self-inspection on a form provided by the department;
- (c) The fee specified in WAC 246-360-990;
- (d) A completed Uniform Business Identifier Form provided by the department; and
- (e) Other information as required by the department.

[emphasis added]

WAC 246-360-990 FEES.

(1) The licensee or applicant must submit:

- (a) An annual fee according to the following schedule:

NUMBER OF LODGING UNITS	FEE
3 - 10	\$164.10
11-49	\$326.30
50 - over	\$657.00

- (b) A late fee of fifty-four dollars and sixty cents (\$54.60), in addition to the full license renewal fee, if the full license renewal fee is not delivered or mailed to the department at least thirty days prior to the license expiration.

For more information, please contact the Transient Accommodation Licensing Program at 1-800-771-1204, or go to the website at <http://www.doh.wa.gov/hsqa/fsl/ta.htm>.